

	Questions from Myers and Stauffer LC	Answers
1	What are the contractor's responsibilities regarding any changes in the electronic submission of data?	The contractor is expected to monitor federally specified process by which nursing homes submit data to the Office of Regulatory Services. The contractor is also expected to monitor the federally directed data system maintained by the Office of Regulatory Services. Should changes occur in the data submittal process or in the data system, the contractor will need to make any necessary changes to the contractor's method for compiling and maintaining data for case mix calculations reporting.
2	What are the contractor's responsibilities with respect to UPL rate adjustments?	The contractor's responsibilities are specified in section 4(a)3 of the RFP.
3	Has CMS reviewed the current nursing facility UPL calculations? What are the contractor's duties for defending these calculations?	CMS is currently reviewing nursing facility calculations. For any data elements that the contractor provides and that are included in UPL calculations, the contractor will be responsible for documenting the sources of such data. The contractor will not be responsible for defending the calculation methodology that is specified by the DCH.
4	Will the UPL calculations be used to support additional (supplemental) payments to nursing facilities?	Yes.
5	Is the training discussed in RFP 4(a) 6.b. for ORS staff, DCH staff, or providers? How many training sessions should be planned?	Training sessions could include ORS staff, DCH staff and/or providers. The work required for training and educational efforts are included within the 4 site visits and 80 hours of technical assistance specified in section 4(a)4 of the RFP.
6	Should the timeline requested in 4(a) 6.d. accommodate processing to begin on July 31 (30 days after the end of the second quarter) and the first deliverables by August 15?	For the timeline presented in section 4(a)2.d of the RFP, the step for data compilation and case mix report production would be completed between July 31 and August 15.
7	Will you please provide the names of the	All questions and answers received

	entities submitting questions?	including the names of the entities who submitted questions for this RFP will be posted to the website as an Addendum to the RFP.
8	Will you please provide the amount the State has budgeted for this contract?	No cost data may be included in the technical proposal. The cost proposal must be submitted separately and sealed. The cost proposal must be submitted on a fixed price basis.
9	What data is needed to evaluate the offeror's financial capabilities (i.e., bank reference letter, internally-prepared (unaudited) financial statements)?	Appendix B, item 8.ii specifies the minimum information that should be provided. If any of the specified information will not be provided (such as an audit report or an annual report), an explanation should be provided regarding why the information is not available. A proposal may include additional information other than the minimum items specified.
10	What, if any, changes does the State anticipate to the cognitive performance scale?	DCH does not anticipate any changes to current payment policies that require measurement of a cognitive performance scale.

	Questions from BTG Enterprises, Inc.	Answers
1	Regarding a solution to fill the needs expressed in the RFP, will DOAS/DCH consider leasing a software system via an application service provider (ASP) model?	No.
2	Is it a requirement of the proposed software system to capture MDS assessment data directly from each long term care provider? If so, will DOAS/DCH place any restrictions on this interface? If not, how will the proposed software system access MDS assessment data?	Nursing homes transmit MDS assessment data to the Office of Regulatory Services (ORS). The contractor will be able to obtain required data elements from data extracts performed by ORS.
3	Will the solution be responsible for storing and patient-specific data (such that would require the system to comply with HIPAA guidelines)?	The contractor will be responsible for storing patient-specific data. The contractor must maintain knowledge to meet all applicable requirements regarding storage of this data.
4	Regarding the section titled, “4.(a) Mandatory Project Specifications”, item 1.c. states “Receive quarterly MDS data extracts from ORS when forwarded by DCH”. What is the intention or purpose of these data extracts?	See response to question 2.
5	Will DOAS/DCH specify the format for all MDS data extracts?	The contractor will be responsible for specifying the format of data extracts.
6	Regarding the section titled, “4.(a) Mandatory Project Specifications”, item 1.e. states “Update MDS database from the data extracts from prior periods with new data”. Will these data extracts cover time periods prior to the beginning of this project?	Yes. The contractor should maintain data that will include all MDS assessments filed electronically since August 2000. The contractor can obtain MDS data for prior periods from data extracts performed by ORS.
7	Will DOAS/DCH specify the method or format for use in distributing quarterly MDS reports and data files?	DCH will specify the method and format for quarterly MDS reports and for those data files that the contractor provides to DCH.
8	Will the Provider be responsible for distributing quarterly MDS reports to each long term care provider? If so, will DOAS/DCH place any restrictions on the delivery method or format?	DCH will be responsible for distributing quarterly MDS reports to nursing home providers.
9	Regarding the case mix and CPS scores, will DOAS/DCH define the set of payer categories to use for reporting?	DCH defines the range of payer categories to use for reporting. The identification of the applicable payer category for a patient will be dependent on information reported by the patient’s nursing home.

10	Regarding the section titled, “4.(a) Mandatory Project Specifications”, are items 1.b. and 1.d. the same requirement?	These items are not the same requirement. Item 1.b concerns possible revisions to data extract procedures. Item 1.d concerns possible revisions to the data base of MDS assessment information.
11	Regarding the section titled, “4.(a) Mandatory Project Specifications”, are items 3.a., 3.e. and 3.f. the same requirement?	These items are not the same requirement. Item 3.a provides a general description of the process by which Upper Payment Limit (UPL) are performed. Item 3.e provides a description of the process by which facility-specific Medicare payment rates should be determined for each Medicare RUG category. Item 3.f provides a description of the process by which aggregated data will be used to calculate UPL amounts.
12	Regarding the section titled, “4.(a) 4. Technical Assistance”, are the activities listed in item (a) to be included within the 80 hours of technical assistance defined in item (b)?	Yes.
13	Regarding the section titled, “4.(a) 5. Project Organization and Staffing”, which (if any) DOAS/DCH contacts should be listed on the organizational chart?	No DOAS/DCH contacts should be listed on the organization chart.
14	Regarding the section titled, “4.(a) 5. Project Organization and Staffing”, item (d) states, “Time Commitments of Proposed Staff (full time/part time and/or number of man days/months/year per person over the course of the project and references”. What is the specific requirement for providing references?	Appendix B, item 10 specifies requirements for references that must be provided for clients for whom similar services have been provided. It is expected that resumes of key staff proposed, described in section 4(a)5.c, will reflect staff participation in projects for which references will be provided.
15	Regarding the section titled, “4.(a) 6. Proposed Technical Approach”, item (b) states, “Proposed staff responsible for the training and educational efforts of the personnel assigned to fulfill the functions of this contract as well as a training schedule with location, date and time”. Does DOAS/DCH intend for this item to address only the training of the Provider’s staff, or should this item address the training of both the Provider’s staff and the DOAS/DCH staff?	Training sessions could include ORS staff, DCH staff and/or providers.

16	In addition to the July 1, 2004, start date and the June 30, 2005, finish date, has the State defined any other deadline dates?	Section 2 presents a time schedule for the selection of a contractor. Section 4(a)2.d presents time schedules for case mix data reporting.
17	Are the “Case Mix Report Examples” included in APPENDIX O. 1-3 existing reports, or are these the deliverables that DOAS/DCH desires to create as a result of this project?	The reports presented in Appendix O are similar to the format of existing reports.